Name in Full

Certificate of Death

William Behoe

Died at Town Westminster County Carroll MARYLAND

Date 1900 Month Jan Day 19 | Age Y. 74 M. — D. — | Native of md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband of ~~Wife~~

Father's Name

Mother's Maiden Name

95

Cause of Death: Primary — Pulmonary Conjestion — How long sick — about a week

Immediate — Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Chas. R. Foutz, M.D.

Address Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79693

Colored amateur

Name in Full

John H. Condon

Certificate of Death

Died at Town: Taylorsville County: Carroll MARYLAND

Date ~~1907~~ 1907 Month: Jan Day: 1 | Age Y. 52 M. 4 D. 18 | Native of: Maryland | Occupation:

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ / ~~Wife~~ of Mary Runnspeck 43

Father's Name: John T. Condon Mother's Name: Dulcilia Spurrier

Cause of Death — Primary: Softening of Brain & Inflammatory Rheumatism 2 years & long sick

Immediate: Heart failure

~~Accident Suicide Homicide~~

Reported by L. B. Alcridge Physician

Address Portal Wagon Co. Carrier No 7.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Annie Crowe

Town

County

Died near Jamestown Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1900	2	21	Age 60		Md	Housewife

Date ~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

Widow Widower

Divorced

Number of children living 4

Husband / Wife of Samuel R. Crowe

Father's Name L. Leyhoff

Mother's Name Anyden

Cause of Death — Primary: Ovarian Tumor — How long sick 3 yrs

Immediate

Accident, Suicide, Homicide

Reported by L. Bowers

Address Jamestown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name in Full

Certificate of Death

Peter Davis

Town: Daniel | County: Carroll | MARYLAND

Died at

Date 1900 Month: Jan Dey: 18 | Age Y.: 76 M.: 1 D.: 21 | Netive of: Maryland | Occupation: Farmer

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 9

Husband / ~~Wife~~ of Elizabeth Todd

Father's Name: Amos Davis | Mother's Name: Sarah Gonnel

Cause of Death — Primary: General Debility | How long sick: 2m Rodman's 141

Immediate: ~~Accident, Suicide, Homicide~~

Reported by L. L. Ambridge M.D.

Address Daniel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

John I Liffenbaugh

Died at Town: Westminster County: Carroll MARYLAND

Date 1900 Month: Jan Day: 29 Age Y. 72 M. – D. – Native of Md. Occupation Retired farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

~~Wife~~ Husband of Mary Adriance

Father's Name John H. Liffenbaugh Mother's Name Elizabeth Powell

Cause of Death: Primary Heart disease How long sick 6 months

Immediate 67 Accident, Suicide, Homicide

Reported by Frank C Shaum undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70708

Name In Full

Certificate of Death

Elizabeth Fogle

Died at Town: Coldspring ville County: Carroll MARYLAND

Date 19 Month: Oct Day: 19 | Age Y. 79 M. 9 D. 10 | Native of | Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children~~ living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Record 1-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

Name in Full

Certificate of Death

Wilbur M. Gosnell

Town Franklinville County Carroll

Died at MARYLAND

Date ~~19~~	Month	Day	Age Y.	M.	D.	Native of	Occupation
1900	Jan	5	2.		29	Md	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband of Wife

Father's Name Benjamin F. Gosnell

Mother's Name Annie B. Gosnell.

Cause of Death: Primary Retro-pharyngeal abscess — How long sick one Month

Immediate Asthenia

~~Accident~~, ~~Suicide~~, Homicide

Reported by A. F. Crouse M.D

Address Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full — Certificate of Death

Simon J. Grammer

Died at Hampstead (Town) Carroll (County) MARYLAND

Date 1907 Month / Day 2 | Age Y. 80 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower | Divorced | Number of children living

Husband ~~Wife~~ of Mrs. Verlinger

Father's Name | Mother's Name

Cause of Death: Primary — Immunnia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Enterprise 1-8.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full

Certificate of Death

Joseph Gray

Died at Town: Elmas County: Carroll MARYLAND

Date: 1900 Month: Jan Day: 7

Age: Y. 74 M. — D. —

Native of: Maryland Occupation: Farmer

Sex: ~~Male~~ Female — Color: ~~White~~ — Condition: ~~Married~~ ~~Single~~ Widower — ~~Divorced~~ — Number of children living: Five

Husband of Wife —

Father's Name: John Gray

Mother's Name: Martha Gray

Cause of Death: Primary: Cystitis 10 2

Immediate: Absorption of Pus

How long sick: Eighteen Days

~~Accident, Suicide, Homicide~~

Reported by: H. M. Slade

Address: Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]8

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full — Certificate of Death

Harry E Haines

Died at Town: Westminster County: Carroll — MARYLAND

Date ~~Died~~ Month: Jan Day: 3rd | Age Y. 30 M. — D. — | Native of: Md | Occupation: Painter

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: X

~~Wife~~ Husband of Maud. Saylor

Father's Name: Jesse Haines — Mother's Name: Annie Stansbury

Cause of Death — Primary: Consumption — How long sick: about 1 Year

Immediate: 22a — Accident, Suicide, Homicide

Reported by: Frank E Shaver — Undertaker

Address: Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full

Certificate of Death

Maria Margaret Hammer

Died at Brunswick (Town) Carroll (County) MARYLAND

Date 19 Jan 20 (Month Day) | Age Y. M. D. | Native of Germany | Occupation —

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ / Wife of Gabriel Hammer

Father's Name —

Mother's Name —

Cause of Death: Primary — Heart failure — How long sick 8 days

Immediate — Accident, Suicide, Homicide

Reported by Frank E. Garver — undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Samuel F. Harbaugh

Certificate of Death

Died at Town: Brucevill County: Carroll — MARYLAND

Date 1900. Month: Jany Day: 30- | Age Y. 69. M. 4. D. 0 | Native of Md. | Occupation Farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 7

Husband / Wife of Mary E. Anders

Father's Name Henry Harbaugh | Mother's Name Mary K. Bierly

Cause of Death — Primary: Apoplexy | How long sick: Sudden death

Immediate

~~Accident, Suicide, Homicide~~

Reported by Chas. N. Dieer

Address D. P. Creek Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Mrs. Sarilla Hess

Died at Town Taneytown County Carroll MARYLAND

Date 19 Month 07 Day 16 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ Wife of Abram N. Hess

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Carroll Record 1-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868

Name in Full

Certificate of Death

Eli Toddtabridle

Died at Town Union Bridge County Carroll MARYLAND

Date 19 or Month 1 Day 9 | Y. 76 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 7

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Carroll Record 1-13

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Name In Full — Certificate of Death

Sarah Edna Hipsley

Died at — Town: Hampstead — County: Carroll — MARYLAND

Date: ~~Month~~ January — Day 4 — 1930 | Age: Y. 74 M. 9 D. 4 | Native of: Md | Occupation:

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ | Single | ~~Widow~~ | ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Lohah G. Hipsley — Mother's Name: Annie E. Hipsley

Cause of Death — Primary: Senile Dementia 146a — How long sick: 3 days

Immediate: Accident by fire — Accident, Suicide, Homicide

Reported by: C. M. Keltzer M.D.

Address: Sykesville Md.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79838

Name In Full

Certificate of Death

Samuel Hoffman

Died at (Town) New Windsor (County) Carroll MARYLAND

Date 1900 Month 1 Day 31 | Age Y. 89 M. D. | Native of Md | Occupation Retired

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living None

Husband ~~Wife~~ of Margaret Hoffman

Father's Name

Mother's Name

Cause of Death: Primary

Immediate Necrosis

How long sick 3 months

~~Accident, Suicide, Homicide~~

Reported by Chas P Baile

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Geo F Brown

of New Windsor Md

Seen by Coroner

of

Information contained in this certificate received

from Chas P Bond

of New Windsor Md

Name in Full

Certificate of Death

Joshua L Hyde

Died at Town: New Windsor County: Carroll MARYLAND

Date 1900 Month: 1 Day: 11 | Age Y. 69 M. 9 D. 6 | Native of Carroll | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of

Wife

Father's Name

Mother's Name Eliza

Cause of Death: Primary

Immediate Dropsy & Heart Disease

How long sick One Year

Accident, ~~Suicide~~, Homicide

Reported by Chas. J. Bair Undertaker

Address New Windsor Md

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. Geo F Brown

of Mini Winton

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name in Full

Certificate of Death

George W. Jones

Town: near Staight

County: Carroll

MARYLAND

Died

Date 1900 Month: Jan Day: 16

Age Y. 23 M. 11 D. -

Native of: Md

Occupation: Factory Hand

~~Male~~ ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widowed~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

22a

Father's Name: Isaac Jones

Mother's Name: Eliza ——

Cause of Death: Primary: Pulmonary Tuberculosis — How long sick: 6 anos.

Immediate: Hemorrhage — ~~Accident Suicide Homicide~~

Reported by: M D Morris. M D.

Address: Eldersburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Elias Kempher

Town

County

Died at Silver Run Carroll MARYLAND

Date 1900	Month Jan	Day 27th	Age Y. 72	M. 1	D. 22	Native of Pennsylvania	Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living Six

Husband ~~Wife~~ of Henry Kempher

Father's Name Winfred J. Kempher

Mother's Name Mary Ann Kempher

Cause of Death: Primary

How long sick

Immediate Pneumonia

~~Accident, Suicide, Homicide~~

Reported by Dr J J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name In Full

Certificate of Death

Samuel Inc Gutcheon

Died at Almshouse (Town) Carroll (County) MARYLAND

Date 19 Month 1 Day 28 | Age Y. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate Old age 141

How long sick

Accident, Suicide, Homicide

Reported by Carroll Record.

Address

2-10-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Name in Full

Certificate of Death

Jane E Miller

Died at Town Westminster County Carroll MARYLAND

Date 189 15th Month Jan Day 11th | Age Y. 64 M. - D. | Native of Md | Occupation —

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / Widower | ~~Divorced~~ | Number of children living —

Husband / Wife of

Father's Name John W. Miller

Mother's Name Mary A Hollenstein

Cause of Death: Primary Heart failure

How long ill 17 days

Immediate

Accident, Suicide, Homicide

Reported by Frank C Herman undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full — Certificate of Death

Mrs E I Rinehaum

Died at New Windsor (Town) Carroll (County) MARYLAND

Date 1900 — Month Jan — Day 22nd | Age Y. 63 M. 7 D. 19 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of David J Rinehaum

Father's Name | Mother's Name

Cause of Death — Primary: Consumption — How long sick: 2 years

Immediate | ~~Accident, Suicide, Homicide~~

Reported by C P Baile Undertaker

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Geo H Brown

of Grand Junction Colo

Seen by Coroner

of

Information contained in this certificate received

from Mrs P. Bark

of

Name in Full — Certificate of Death

Mary A. Myerly — D. Dillon

Died at Town: Bruceville — County: Carroll — MARYLAND

Date 1900 Month: Jany- Day: 28 | Age Y. 79. M. 4. D. 18 | Native of Md- | Occupation Housework

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 7

Husband / Wife of Thomas Myerly

Father's Name Thomas Cabaugh — Mother's Name Mary E. Powell

Cause of Death — Primary: Gangrene of toes — How long sick 2 weeks

Immediate: Debility-

~~Accident, Suicide, Homicide~~

Reported by Chas. H. Dillon

Address Doubs Pipe Creek Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Charles R. Pickett

Died at Town: Winfield County: Carroll MARYLAND

Date 1900 Month: Jan Day: 14 | Age Y. M. D. | Native of: Maryland | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living: 2

~~Wife~~ Husband of: Mary Williams

Father's Name: Aquilla Pickett | Mother's Name: Elizabeth Williams

Cause of Death: Primary: Pneumonia & Congestion of Lungs | How long sick: 12 days

Immediate: Heart failure 72 | ~~Accident~~, Suicide, Homicide

Reported by: L A Aldridge Md

Address: Lazy, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Laura V. Reindollar

Died at Town: Frizellburg County: Carroll — MARYLAND

Date for 1920 Month: Jan Day: 26 — Age Y. 37 M. 0 D. 9 — Native of: Maryland — Occupation: ———

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — Widow — ~~Widowed~~ — ~~Divorced~~ — Number of children living 1

~~Husband~~ of Wife Louis Reindollar (Died)

Father's Name: Jacob Myers — Mother's Name: Julianna Streig

Cause of Death — Primary: Tuberculosis — How long sick: about 4 Mos.

Immediate: Abscess

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Chas R Fouts, M.D.

Address: Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78706

Name in Full — Certificate of Death

William Remerta

Died at Town: Union Mills County: Carroll — MARYLAND

Date 1900 Month: Jan Day: 15th | Age Y. 83 M. 8 D. 2 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living One

Husband ~~Wife~~ of Sarah Remerta

Father's Name John Remerta

Mother's Name Catherine Remerta

Cause of Death: Primary 92 — How long sick Two Months

Contributory

~~Accident, Suicide, Homicide~~

Reported by Dr H J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79705

Name in Full Keziah Shafer — Certificate of Death

Died at Town: Coalberry Valley — County: Carroll — MARYLAND

Date 1900 — Month Jan. Day 20. — Age Y. 68. M. 3. D. — Native of Md — Occupation Housekeeper

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living 3

~~Husband~~ Wife of Simon Shafer

Father's Name — Mother's Name 77

Cause of Death — Primary: Abscess on Lungs — How long sick 5 weeks

Immediate — Accident, Suicide, Homicide

Reported by Jno. Stoner

Address Westminster, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76868

Name in Full

Daniel Stull

Certificate of Death

Town

Died at Silver Run

County

Carroll

MARYLAND

Date 189 | Month Jan | Day 7th | Age Y. 74 M. 2 D. 23 | Native of Maryland | Occupation Wheelwright

Male | ~~Female~~ | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~

Number of children living None

Husband of ~~Wife~~ Emma Stull

Father's Name Daniel Stull

Mother's Name Elizabeth Stull

Cause of Death: Primary Epilepsy

How long sick 6 Two weeks

Immediate Exhaustion

~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr. J. D. Stuart

Address Union Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full

Certificate of Death

Mrs. Ella Strawbridge.

Town

County

Died at Union Bridge

Carroll

MARYLAND

Month Day | Y. M. D. | Native of | Occupation

Date 1939 Feb 28 | Age 36 | Md | —

Male White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband of Chas Strawbridge

~~Wife~~

Father's Name Wallace Whitehurst

Mother's Name Mary Whitehurst

Cause of Death: Primary Peritonitis '93

How long sick two days

Immediate

Accident, Suicide, Homicide

Reported by H. Virginia Brown M.D.

Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Mrs. S. A. Vanderford

Died at Westminster (Town) Carroll (County) MARYLAND

Date 1905 Month Jan. Day 28th Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

~~Husband~~ Wife of Jas. L. Vanderford

Father's Name Thomas Reese | Mother's Name

Cause of Death: Primary Pneumonia 12 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr. Jas. A. Billingslea,

Address Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full Elizah Hagoner — Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date Month Jan Day 13. Age Y. 79. M. 3. D. 2 Native of Md Occupation Machinist

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Rebecca Hagoner

Father's Name — Mother's Name

15-5-h

Cause of Death: Primary — How long sick 3 hours

Immediate: Heart Trouble — Accident, Suicide, Homicide

Reported by Jas. M. Stoner

Address Westminster, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58968